MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/5⬤159**

APPLICANT(S)

FILING DATE

(703) 305-8421

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/					51						
2				/				52						
3				/				53						
4				/				54						
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48								98						
49								99						
50								100						
TOTAL IND.		⬇	2	⬇		⬇		TOTAL IND.		⬇		⬇		⬇
TOTAL DEP.		⬅	24	⬅		⬅		TOTAL DEP.		⬅		⬅		⬅
TOTAL CLAIMS		▓	26	▓		▓		TOTAL CLAIMS		▓		▓		▓